MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Marion Station

LENGTH OF STAY (in this place) All Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mildred	Alberta	Evans	8	10	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Single	Sept 22, 1902	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	—	—	America

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William L. Evans	Alberta Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Alberta Evans - Marion, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
170 X		
Immediate cause	(a) Acute Dil. of Heart - malignant	2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cachexia	
	DUE TO (c) Carcinoma of Breast with	3 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Metastisis of lung & liver

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1950	Carcinoma of breast	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Jan., 1950, to Aug. 10, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George E. Coulbourn M.D. ADDRESS Marion - Md DATE SIGNED 8-11-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13, 1953	Mt. Teer Mem. Branch	Marion Som. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 12, 1953	Nellie D. Payne	George W. Tilghman	

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cristfield
LENGTH OF STAY (in this place) 32
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp. Crisfield Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 22-X-
STREET ADDRESS (If rural give location) R. D. #3 Shumaker Rd.

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) John (Last) Fooks

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 8, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill
11. BIRTHPLACE (State or foreign country): R. D. Snow Hill Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fooks
14. MOTHER'S MAIDEN NAME: Elizabeth Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ila Lester Fooks (Wife) R.D. #3 Sal. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 151 (a) Myocarditis, Acute, Dis of Heart — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gastric Hemorrhage. — 12 hrs
DUE TO (c) Malignant Ulcer of Stomach

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 22, 1953, to August 24, 1953, that I last saw the deceased alive on August 23, 1953, and that death occurred at 6.30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) George C. Cirillum MD ADDRESS Marion Md DATE SIGNED August 24 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 27, 1953
NAME OF CEMETERY OR CREMATORY Fooks Family Cem.
LOCATION (City, town, or county) (State) Salisbury, Wicomico, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 25, 1953
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY * SALISBURY, MARYLAND ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 365

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-53

1. PLACE OF DEATH: Rhodes Point, Md.
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
LENGTH OF STAY (in this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural (Crisfield)
STREET ADDRESS (If rural, give location) Rhodes Point

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) (Last) Hoffman

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: July 16, 1892

9. AGE last birthday: 61 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): U. S. A. Rhodes Pt, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Griffin W. Hoffman

14. MOTHER'S MAIDEN NAME: Anna Elizabeth Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ~~no, or unk.~~) No

(If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Evans, Rhodes Pt. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 wks.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary insufficiency — 10 yrs ago

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to Aug. 27, 1953, that I last saw the deceased alive on Aug. 27, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Barbara Hewitt, M. D. ADDRESS Ewell Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF Aug. 30, 1953

NAME OF CEMETERY OR CREMATORY Rhodes Point Cemetery

LOCATION (City, town, or county) (State) Rhodes Point, Md.

DATE REC'D BY LOCAL REG. 8/30/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlor

ADDRESS 531 Main St. - Crisfield, Md.

RECEIVED
SEP 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne X
LENGTH OF STAY (in this place): 12 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne X
STREET ADDRESS (If rural, give location): Beckford Avenue

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Gail Stephanie) (Last) MILES
4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1953
5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 8/10/53
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 12 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Princess Anne
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ernest A. Miles
14. MOTHER'S MAIDEN NAME: Ella Louise Hayman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Ernest A. Miles; Princess Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
762.0
Immediate cause (a) Atelectasis, congenital — Interval between onset and death: 12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Emil L. Ryan (Degree or title) — ADDRESS: Deputy Medical Examiner; 224 N. Division St. Salisbury, Md. — DATE SIGNED: 8/11/53

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-11-53 — NAME OF CEMETERY OR CREMATORY: St Mark — LOCATION (City, town, or county) (State): Oakville Md

DATE REC'D BY LOCAL REG. 8/11/53 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. — 24. FUNERAL DIRECTOR: William H. James Jr. — ADDRESS: Princess Anne, Md

4083273405

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) Princess Anne

3. NAME OF DECEASED: (Type or Print) (First) Hilda (Middle) E. (Last) Nygaard

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: May 5 1871 | 9. AGE Last Birthday: 82 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Andreason

14. MOTHER'S MAIDEN NAME: Anna Persson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Enos Ewell Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
422.1 Immediate cause	(a) Cardiac failure	3 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cardio-Vascular Disease	4 yrs.
	(c) DUE TO Arterio-Sclerosis	10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility -

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14/1953, to 8/6/1953, that I last saw the deceased alive on 8/6/1953, and that death occurred at 10:25 P.M. from the causes and on the date stated above.

SIGNATURE B. Frank Gigante M.D. (Degree or title) ADDRESS 20 Prince William St. DATE SIGNED 8/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 9 1953 | NAME OF CEMETERY OR CREMATORY Episcopal Cemetery | LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/7/53 | REGISTRAR'S SIGNATURE R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR James Bozman | ADDRESS Princess Anne Md

RECEIVED
AUG 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X
LENGTH OF STAY (In this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 257 Main St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X
STREET ADDRESS (If rural, give location) 257 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) (Last) Rupert

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 6 1864
9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trenton N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Ritter
14. MOTHER'S MAIDEN NAME: Nancy Risner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
450.0
Immediate cause (a) Cong. heart failure (Probable) C.V.A. DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerosis DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 2 wks 2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Dehydration - acidosis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to ——, 19....., that I last saw the deceased alive on Aug 1, 1953 and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
George M. Munn M.D. Princess Anne Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 4 1953
NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
LOCATION (City, town, or county) (State): Evergreen New Jersey
DATE RECD BY LOCAL REG. 8/3/53
REGISTRAR'S SIGNATURE: R. E. Johnson, M.D.
24. FUNERAL DIRECTOR: Jones Runnon
ADDRESS: Princess Anne Md.

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 960

1. PLACE OF DEATH: COUNTY Maryland Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Sutton
4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 5-16-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning Co.
11. BIRTHPLACE (State or foreign country): North Carolina 30
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward Mackey
14. MOTHER'S MAIDEN NAME: Harriett Blunt.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-14-786
17. INFORMANT & ADDRESS: Alberta Jones. Princess Anne.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 171X (a) Cardiac failure — Interval Between Onset And Death: 4 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Cervix with — 16 months

DUE TO (c) Metastases to Uterus, parametria vagina

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vascular disease

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1953, to Aug 10, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 1:15 Am., from the causes and on the date stated above.

SIGNATURE B. Frank Gigante (Degree or title) M.D. ADDRESS 20 Prince William St DATE SIGNED Aug 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-16-53
NAME OF CEMETERY OR CREMATORY: Mt. Carnival.
LOCATION (City, town, or county): Princess Anne. (State) Md.

DATE REC'D BY LOCAL REGISTRAR: 8/13/53
REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.
24. FUNERAL DIRECTOR: William H. James Jr. ADDRESS Princess Anne, Md.

M

I

T

VS. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X 32 Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
STREET ADDRESS (If rural give location) Tyler St.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) EDGAR (Last) WHITTINGTON

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1889

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: seafood

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennard Whittington

14. MOTHER'S MAIDEN NAME: Emily Woods

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: S. 4th St. Mrs. Harry Whittington-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Acute dilatation Heart — 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis & — > years
DUE TO (c) Thrombosis — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953, to Aug 31, 1953, that I last saw the deceased alive on Aug 31, 1953, and that death occurred at 10:30a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Rawley M.D. ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Sept. 3, 1953
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 9/3/53
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Beauchamp Funeral Parlor 531 Main St. - Crisfield, Md.

RECEIVED
SEP 10 1953
BUREAU V. S.